

# RAPID ACCESS SKIN CANCER CLINIC NOW ACCEPTING REFERRALS!

Dear Healthcare Professional:

**Skin Health & Wellness Centre™** is pleased to announce that the **Rapid Access Skin Cancer Clinic** is now accepting referrals.

Patients will be seen on a walk-in basis during the following times:

- Monday to Thursday from 9:15 AM – 11:15 AM and 1:15 PM – 3:15 PM
- Friday from 9:15 AM – 11:15 AM

## **Additional instructions:**

- Please send referrals to the Rapid Access Skin Cancer Clinic via facsimile (403.536.2403) using the attached referral form AND provide the patient with a copy of the referral form to bring with him/her/them.
- Referral forms have been added to the following EMRs: Accuro, Ava, Health Quest, Med Access and PS Suite.
- If you would like a PDF version of the referral form for your clinic, please e-mail us at: **hello@skinhealthwellness.com**
- Patients must bring their Alberta personal health care card and any other valid government-issued identification.
- Please advise your patient that there are a limited number of appointment slots per day for the Rapid Access Skin Cancer Clinic and he/she/they may be booked the next day. We will do our very best to see all patients in an expedited manner.
- Patients referred to the Rapid Access Skin Cancer Clinic for any other condition other than confirmed or suspected skin cancer will not be seen.

**Address:** Skin Health & Wellness Centre™  
Meadows Mile Professional Building Suite  
350, 8500 Blackfoot Trail S.E.  
Calgary, Alberta | T2J 7E1

**Telephone:** 403.264.7546

**Facsimile:** 403.536.2403

**E-Mail:** hello@skinhealthwellness.com

Sincerely yours,



Skin Health & Wellness Centre™

# RAPID ACCESS SKIN CANCER CLINIC REFERRAL FORM



Skin Health & Wellness Centre™  
Meadows Mile Professional Building



Suite 350, 8500 Blackfoot Trail S.E.  
Calgary, Alberta | T2J 7E1



403.264.7546



patientcare@skinhealthwellness.com



403.536.2403



www.skinhealthwellness.com

## Patient Information

[Print or Affix Stamp]

Name:		Address:		Telephone [Home]:
Personal Health Number:		City/Town:		Telephone [Mobile]:
Date of Birth:	Gender:	Province/Territory:	Postal Code:	E-Mail:

## Referring Practitioner Information

[Print or Affix Stamp]

Name:		Address:		Telephone [Home]:
Practitioner ID:		City/Town:		Telephone [Mobile]:
Clinic/Hospital:		Province/Territory:	Postal Code:	E-Mail:

## Referral Request Information

<b>Date:</b>
<b>Reason:</b>
<b>Suspected Precancerous or Cancerous Growth</b>
Actinic Keratosis
Atypical/Dysplastic Melanocytic Nevus
Basal Cell Carcinoma
Melanoma
Squamous Cell Carcinoma
<b>Confirmed Precancerous or Cancerous Growth [Attach skin biopsy report(s) if available]</b>
Actinic Keratosis
Atypical/Dysplastic Melanocytic Nevus
Basal Cell Carcinoma
Melanoma
Squamous Cell Carcinoma
Please note that patients referred to the Rapid Access Skin Cancer Clinic for any other condition will NOT be seen.

<b>Hours of Operation (Walk-In):</b>	Monday to Thursday: 9:15 AM to 11:15 AM and 1:15 PM to 3:15 PM Friday: 9:15 AM to 11:15 AM
<b>Wait Times:</b>	Patient wait times can range from thirty (30) minutes to two (2) hours. If no dermatologist is available, the patient may be booked the next business day.
<b>Parking Instructions:</b>	Both paid surface and two (2) levels of underground parking are available to patients. There is no free parking available on-site. 90-minute parking is recommended to account for the possibility of extended wait times.
<b>Additional Instructions:</b>	Please bring a copy of this referral form in addition to your Alberta personal health care card and any other valid government-issued identification to the clinic.  The clinic has a zero-tolerance policy for verbal abuse (including inappropriate language, yelling, aggression or threats) towards any physician or other staff personnel whether this occurs in-person, via telephone or e-mail, or through voicemail messages. Any such behavior will result in immediate discharge of the patient from the office.